PTO/56/17 (09-11)

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						Complete If Knowl	2	
				Application Num		10/573,041	Conf. No.: 4395	
FEETF	RANS	MITT/	AL I	Filing Date		December 22, 2006		
				First Named Inve	entor	Soili PELTONEN		
- grang				Examiner Name		H.M. Chan		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1728		1728		
TOTAL AMOUNT OF PAYMENT (\$) 1,270.00			) [	Attorney Docket No. 0365-0670PUS1				
METHOD OF PAYME	dT (ob oak oil 6	hat anni i						
method of FAImes	as fraidov qui	narappiyj		·····				
CheckCredit	CardM	oney Order	None	Other (pl	lease ide	ntify):		
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-ider				by authorized to:	(check	all that apply)		
✓ Charge fee!	s) indicated belo	ow.		Chame	a feofe)	indicated below, exce	ent for the filling fee	
Charge any additional fee(s) or underpayments of fee(s)								
under 37 CF	R 1.16 and 1.1	7		hairmi			uide aradit sarri	
WARNING: Information on the Information and authorization	n on PTO-2038.	ome public, Grea	ic carra atto	imason sriquië no	n au mCi	uueu on ons somt. Pfo	Arres medit menn	
FEE CALCULATION			***************************************					
1. BASIC FILING, SEA								
	FILING FEES SEARCH FEES E Small Entity Small Entity				EXAM	AMINATION FEES Small Entity		
Application Type		Fee (S)	Fee (\$)	Fee (\$)	Fee	S) Fee (\$)	Fees Paid (\$)	
Utility	380	190	620	310	250	125	***************************************	
Design	250	125	120	60	160	80	***************************************	
Plant	250	125	380	190	200	100		
Reissue	380	190	620	310	750	375		
Provisional	250	125	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity Fee (S) Fee (S)								
Fee Description Each claim over 20 (including Reissues)						60	Fee (\$) 30	
Each independent claim over 3 (including Reissues)						250	125	
Multiple dependent claims						450	225	
Total Claims 23 - 20 or HP =	Extra Claims	Fee (\$)		2ald (\$) .00		Muttiple Dep Fee (\$)	endent Claims Fee Paid (S)	
HP » highest number of tot	al claims paid for,					(194 (9)	ree Pale (a)	
indep. Claims 1 -3 or HP »	Extra Claims			ald (\$) .00		***************************************		
HP = highest number of ind		aid for, if greater ti						
3. APPLICATION SIZE	FEE .							
If the specification an						small entity) for ea		
sheets or fraction t	hercof. See 3	5 U.S.C. 41(a)	(1)(G) at	nd 37 CFR 1.16	i(s).			
Total Sheets - 100 =	Extra Sheets	5 <u>Numbe</u> /50 ≈		additional 50 or			) <u>Fee Paid (\$)</u> s 0.00	
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)								
Other (e.g., late filing surcharge): Extension of Time 1,270.00								
SUBMITTED BY / / EUGENG T. Peres								
Signatura Telephone To 200 Sept Telephone Teleph								
Iame (Print/Type) Gerald M. Murphy, Jr.							mber 17, 2011	
warne (Print) i ype) Geraid M	, murpny, at.					Date Nove	HAUG: 11, 2011:	

This construction is expected by 37 EFF, 156. The information is required to dation or relate a secretic type spatial existed in to large the pRPP Of the promotion is explained. Considerable is presented by \$8.1.0.S. CLT 284 of 37 GFR 1.1.8. The condition is explained to take 30 explained to compatible including patienting, preparing, and submitting the completed application from to the USPTO. Then will very depending upon the individual case. Any comments on the amount of them by our require to excepte the file manifold of the submitted banded be set to the One-file filements Office. U.S. Patient and Findeman Cifice. U.S. Department of Commence, P.O. Box 1450, Measurding, VA 22313-1450. DI NOT SEND TEES OR COMPLETED FORMS TO THIS ADDRESS SEND IN C. Commission for of Patients, P.O. Box 1450, Measurding, VA 22313-1450.